## **CANDIDATE OATH**

## **NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate) Check box *only* if you are seeking to qualify as a write-in candidate.

CF ELECTIONS

2024 JUN 12 AM 10: 06

Write-in candidate	ST JOHNS COUNTY VICKY OAKE OFFICE USE ONLY
	lidate Oath
Name to appear on ballot: Bud LAUde	
Check box if two last names without hy, Check box if name includes nickname. (For use of a nic	yphen. (Name cannot be changed after qualifying.) ickname, you must complete the Nickname Affidavit on reverse side.)
I swear or affirm that I am a candidate for the nonpartisan office of	of TROUT CREEK COO (District #)
(Circuit #)  SEAT # 5  ; I am a qualified elect	ctor of ST JOHNS County, Florida;
have qualified for no other public office in the state, the term of wh	f Florida to hold the office to which I desire to be nominated or elected; I hich office or any part thereof runs concurrent with the office I seek; and I ign pursuant to Section 99.012, Florida Statutes; and I will support the of Florida.
I owe outstanding fines, fees, or penalties, that cumulatively exceed  YES, I Do	ling Fines, Fees, or Penalties  eed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).  NO, I Do Not
X Signature of Candidate  331 WIND SWEPT WAY  ST. AUGUS  St. AUGUS  Telephone Numb  ST. AUGUS  Telephone Numb  Telephone Numb	07 - 7717 SJLAUDENSLAGER @ GM AIL. COM
Address of Legal Residence City  STATE OF FLORIDA	State ZIP Code
COUNTY OF ST JOHNS	Signature of Notary Public Print, Type/9 Stamp Commissioned Name of Notary Public below:
Sworn to (or affirmed) and subscribed before me by means of online notarization OR physical presence this day of Personally Known OR Produced Identification Type of Identification Produced:	EMILY WARD  MY COMMISSION # Hri 481162  EXPIRES: November 2, 2027
DS-DE 302NP Eff. 10/2023)	Rule 1S-2.0001, F.A.C.

Phonetic Spelling of Name	
Phonetic spelling for the audio ballot (not required for qualifying purposes): Print the name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 3 of this form):  LOU DIN SLEG ER	
Statement of Outstanding Fines, Fees or Penalties	
Pursuant to Section 99.021(1)(d), F.S., each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.	
Amount Entity	
Affidavit of Nickname (Only required if using nickname for the ballot.)	
My legal name is JOHN WAYNE LAUDENSLAGER.  I am over the age of eighteen (18) and the contents of this affidavit are true and correct.  My nickname is	
Signature of Candidate:	
COUNTY OF ST JOHNS Signature of Notary Public	
Sworn to (or affirmed) and subscribed before me by means	
of online notarization   OR physical presence this day of   Personally Known   OR Produced Identification   Type of Identification Produced:    EMILY WARD   MY COMMISSION # HH 461162   EXPIRES: November 2, 2027	
DS-DE 302NP (Eff. 10/2023) Rule 1S-2.0001, F.A.C.	

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